

CONNECTICUT STATE DEPARTMENT OF EDUCATION  
Bureau of Health/Nutrition, Family Services and Adult Education  
25 Industrial Park Road  
Middletown, CT 06457-1543

**SITE INFORMATION DOCUMENT  
SUMMER FOOD SERVICE PROGRAM (SFSP)**

Instructions

1. Complete for each site and session operated in 2007 **only**. **Do not use for new sites or for sites which did not operate in 2007.**
2. A Site Information Document must be submitted AND APPROVED before meals served at the site are eligible for reimbursement.
3. Sponsors are responsible to inform the State Agency of changes that take place after the application is completed.
4. Retain a copy in your file for three years after the date of submission of the final claim for reimbursement for the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed.

Name of Applicant/Sponsor: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

1. Name of Site Supervisor: \_\_\_\_\_  
(If unknown at this time, provide to State Agency prior to beginning of operation.)

2. Name and Address of Food Service Site (Include zip code): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

3. Indicate other USDA programs in which the site participates (Sites in the SFSP are not eligible for the Special Milk Program):  
\_\_\_\_\_None \_\_\_\_\_National School Lunch Program \_\_\_\_\_School Breakfast Program \_\_\_\_\_Child and Adult Care Food Program \_\_\_\_\_Food Distribution Program

4. Describe the geographic area to be served by the site and the percentage of children in the area who meet the eligibility requirements for free and reduced price school meals. (Include boundaries such as town or school district limits, streets or other identifiable landmarks.) **Note: Do not complete question 4 if "Regular Open" or "Restricted Open" site eligibility was established by school or census data in 2006 or 2007.**

5. Type of Site:  
\_\_\_\_\_A. Regular Open Site (serving 1-2 meals) \_\_\_\_\_B. Restricted Open Site (serving 1-2 meals) \_\_\_\_\_C. Migrant Site (serving 1-3 meals) \_\_\_\_\_D. Residential Camp (serving 1-3 meals)  
\_\_\_\_\_E. Non-Residential Camp (serving 1-3 meals) \_\_\_\_\_F. Closed Enrolled Site (serving 1-2 meals) \_\_\_\_\_G. National Youth Sports Program (NYSP) Site (serving 1-2 meals)

6. If the answer to Item 5 is "A – C", please check one of the following to document that the local areas from which the site draws its attendance are areas in which poor economic conditions exist, as defined by the program regulations.

\_\_\_\_\_Site participated under the sponsor last year and documentation was submitted at that time. \_\_\_\_\_Documentation from public or nonprofit schools located in the area of the site is attached.  
\_\_\_\_\_Documentation from Departments of Welfare, Education or Zoning Commissions is attached. \_\_\_\_\_Census tract information is attached.  
\_\_\_\_\_Documentation from organization determined by the State agency as a migrant organization is attached. \_\_\_\_\_Other documentation is attached (including enrollment/eligibility data or form if an enrollment site is not located in an area in which poor economic conditions exist.)

7a. If the answer to Item 5 is "D, E or F", (Attach a copy of the form that will be used to document each enrolled child's eligibility for free or reduced-price school meals. If a list will be obtained from a Child Nutrition Sponsor, describe the procedures to be used).

Total number of children participating: \_\_\_\_\_

Total number of children from low income families participating: \_\_\_\_\_

7b. If the answer to Item 5 is "G", (Attach eligibility documentation and certification that all children who will receive meals are participants in the NYSP – See Sample Letter Attachment 3). **(over)**

8. Operating days of the week (Check each day this site will operate and, if a camp, attach a copy of the camping schedule).  
 \_\_\_\_\_M \_\_\_\_\_T \_\_\_\_\_W \_\_\_\_\_TH \_\_\_\_\_F \_\_\_\_\_SA \_\_\_\_\_SU

9. Period of Operation of Food Service

Beginning Date	Closing Date	Number of Operating Days					
(Month, Day, Year)	(Month, Day, Year)	May	June	July	Aug.	Sept.	Total

Will this site operate on July 4<sup>th</sup>? \_\_\_\_\_Yes \_\_\_\_\_No

10. All applicants should complete this section. Applicant sponsors applying for camps should only list the number of eligible children to be served daily for which reimbursement for meals will be claimed under the Summer Food Service Program.

Camp sponsors must submit documentation showing the number of children enrolled (at each Camp session) who are eligible for free or reduced-price meals, as soon as it is available, but not later than the claim submission.

Type of Meals To be Served	Expected Average Daily Attendance	Estimated Number of Eligible Children (Camps Only)	Time of Meal Service		For S/A Use Only Approved Level of Meal Service
			Begins	Ends	
A. Breakfast					
B. A.M. Snack					
C. Lunch					
D. P.M. Snack					
E. Supper					

11. Method of Meal Preparation \_\_\_\_\_  
 (Complete if there is a change from 2007; If not, indicate "NA".)

12. Is this site an indoor or outdoor site? (Check One) \_\_\_\_\_Indoor \_\_\_\_\_Outdoor  
 (If an outdoor site, where will meals be served when weather prevents the outdoor service of meals? Give address and describe location.)

13. Personnel Working at Site

Title of position	Number of personnel in that position	Number of hours per day each employee indicated in column (B) will spend on food service	Wages per hour (Indicate volunteers or unpaid workers with "V".)	Total wages for program	Source of funds (USDA reimbursement or other)	Specific food service duties	Dates of employment in this program
A	B	C	D	E	F	G	H

14. Is there a regularly scheduled organized activity? \_\_\_\_\_Yes \_\_\_\_\_No  
 (If "yes", list types of activities provided or attach a schedule of daily activities.)

15. Has this site been visited by the sponsor prior to beginning of program operation this year? \_\_\_\_\_Yes \_\_\_\_\_No  
 (If "yes", list the name of sponsor and date of visit. Attach a copy of pre-operational site form for the site.)

I CERTIFY that this site has been visited and that the information on this form and subsequent attachments is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

\_\_\_\_\_  
 Name of Sponsor Representative

\_\_\_\_\_  
 Signature of Sponsor Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title of Sponsor Representative